

Youth's Name: _____
DOB: _____

Care Coordinator's Name: _____
Care Coordination Agency: _____

Disenrollment Questionnaire

Section 1: To be completed by parent/guardian

On a scale of 1 to 10 (1 being very poor, 10 being very good),
rate how you feel your family was doing **when you were first
enrolled in Wraparound:** (circle one)

1 2 3 4 5 6 7 8 9 10

On a scale of 1 to 10 (1 being very poor, 10 being very good),
rate how you feel your family is doing **now:** (circle one)

1 2 3 4 5 6 7 8 9 10

Circle the number that best describes how you feel		Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree	Not Applicable
1	I feel my family and I were prepared to disenroll or leave Wraparound.	1	2	3	4	5	6
2	I know how to get services and supports that my family still needs.	1	2	3	4	5	6
3	If my family does have a crisis, I believe the final Crisis Plan my team developed will help us.	1	2	3	4	5	6
4	I am comfortable with my child's school placement.	1	2	3	4	5	6
5	My child's school attendance has improved.	1	2	3	4	5	6
6	I feel my family and I were treated with respect while enrolled in Wraparound.	1	2	3	4	5	6
7	I feel Wraparound has been sensitive to my family's cultural, ethnic and religious needs.	1	2	3	4	5	6
8	Overall, I believe my care coordinator was helpful to me and my family.	1	2	3	4	5	6
9	Overall, I believe that other services provided were helpful.	1	2	3	4	5	6
10	I feel that my family has made significant progress in meeting the Family Vision we have been working toward.	1	2	3	4	5	6
11	Overall, I feel Wraparound Milwaukee helped empower my family to handle challenging situations.	1	2	3	4	5	6

Parent/Guardian Signature

Date

Comments: